## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANDERSON 8. CONSTRUCTION, INC.  Sons  O7 JAN 25 PM 3: 33  SECRE TARY OF STALE TALL AHASSEE, FLORIDA  EASTPOINT, FL 32328  2. Principal Place of Business 2.99 MARRIMAN RAY DR. EASTPOINT, FL 32328  2. Principal Place of Business 3. SECRE TARY OF STALE TALL AHASSEE, FLORIDA  4. FBI Number 20-0504077  6. Numa and Address of Current Registered Agent  7. Nume and Address of State Dosirod  6. Numa and Address of Current Registered Agent  ANDERSON, DALE C 279 MARRIMAN BAY DR.  EASTPOINT, FL 3228  10 Deep Address of New Registered Agent  1. Nume 20-0504077  FL Zip Code  1. The above named criting submits the statement for the outdoors of changing its explanation agent, or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent, or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent, or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent, or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent, or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent of registered agent or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent or both, in the State of Plantic. Lamitamise with, and accept the obligation of registered agent or registered agent or both, in the State of Plantic.  Business Agent agent agent agent of registered agent or both in the State of Plantic.  Business Agent agent agent agent of the Plantic agent agent agent agent or both in the State of Plantic.  Business Agent agen	DOCUMENT # P03000154026							LE			
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279 MAGNOLIA BAY DR EASTPOINT, FL 32328 2. Principal Prace of Business - No P.O. Box #					07 JAN 25 PM 3: 33						
EAS PUNIT, FL 3/23/28  Suite, April #, april Place of Business - No P.O. Box # 2. Mailing Address  Suite, April #, april Place of Business - No P.O. Box # 2. Mailing Address  Suite, April #, april Place of Business - No P.O. Box # 2. Mailing Address  City & State  Cit	, '		*				SECRETARY OF STATE				
Suite, Apl. if. cic.    Suite, Apl. if. cic.			EASTPOINT, FL 323	EASTPOINT, FL 32328			IALLAHA	JULLI	COMIDA	`	
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### ADDITIONS OF THE BEST AND DIRECTORS IN 1.  ### ADDITIONS OF THE BEST	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-P	CR2E0	34 (12/06)		
S. Name and Address of Gurrent Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name Agent of New Registered Agent  7. Name Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name Agent of New Re	City & State		City & State	City & State							
ANDERSON, DALE C 279 MACROULD BAY DR EASTPOINT, FL 32328  6. The above named entity authmist this statement for the purpose of changing its registered digent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I an familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I an familiar with, and accept the familiar with accept the familiar with accept the familiar with an accept the familiar with accep	Zip	Country	Zip	Zip Country			<u> </u>		\$8.75 Ad	ditional	
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City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ternifier with, and accept the orbigations of registered agent.  SIGNATURE    City FL Zip Code    City FL Zip Code    City FL Zip Code	ANDERSON, D		Name								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.    Company   Co					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.    Company   Co					City				Zin Coo		
SIGNATURE    Signature   Signa	9. The above came	d ontity submits this statems	not for the purpose of changing	ite register	<u> </u>	ared agent or be	oth in the State of E				
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